

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/521989

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3	2					
4	2					
5	2					
6	2					
7	2					
8	2					
9	2					
10	2					
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41	2					
42	2					
43	2					
44	2					
45	2					
46	2					
47	2					
48	1					
49	1					
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.	2		2			
TOTAL DEP.	82	←	40	←		←
TOTAL CLAIMS	84	████████	42	████████		████